

Program Announcement 00100

Questions & Answers

Purpose & Eligibility

1. Why Is CDC funding CBOs to do counseling, testing , and referral?

CDC is directly funding CBOs working in communities of color (e.g., African American, Hispanic, American Indian, Asian/Pacific Islander) to provide counseling, testing, and referral (CTR) services. These CBOs, because of their familiarity, credibility, and experience with these target audience(s), are best positioned to effectively reach individuals at high risk with HIV CTR services.

2. What is the purpose of this program?

The purpose of the program is to provide funding to CBOs working in communities of color to increase the number of individuals at high risk for HIV infection who receive HIV prevention counseling, testing, and referral services.

The goals:

- To strengthen HIV prevention services provided by CBOs in communities of color which have very high risk of HIV infection.
- To increase community-based HIV counseling, testing, and referral services.
- To increase the number of high-risk persons who are tested for HIV infection and find out their test results.
- To promote successful partnerships to improve HIV testing and prevention efforts.

3. Who is eligible for funding under this Program Announcement?

Eligible applicants are minority CBOs working in communities of color (African-Americans, Hispanics, American Indians, Asians / Pacific Islanders) in the MSAs listed below, and cities

and counties with the most syphilis cases in 1999. For more detail on eligible counties, see Attachment 1 of the Program Announcement.

Applicant organizations must:

- Have a current tax exempt status under Section 501(c)(3).
- Be located in and provide services to communities of color that are in the 40 metropolitan statistical areas (MSAs) with a high prevalence of reported AIDS cases as of 1999 or in the counties with the most syphilis cases in 1999.
- Have more than half of the executive board or governing group as well as key management, supervisory, and administrative positions (e.g., executive, program, fiscal director positions), and more than half of key service positions (e.g., outreach worker, case manager, counselor, group facilitator) filled by members of the community of color to be served.
- Show that the organization has provided HIV prevention or care services to the targeted population for at least 2 years.
- Have a letter of support from the health department that shows there has been a discussion on the details of the proposed counseling, testing, and referral activities and that you agree to follow the health departments guidelines for these services. If your organization is selected for funding you will need a formal memorandum of agreement with the health department. (See below for more detailed information on working with the health department.)
- **Not** request more than \$250,000.
- **Not** be a government or municipal agency,

including a health department, school board, or public hospital, or a private or public university or college.

An organization can apply on its own or with one or more CBOs as a coalition. The lead organization must meet all of the requirements listed above. Groups that are to be a part of the coalition must be located in one of the specified MSAs or high-syphilis areas.

4. Explain the difference between a single CBO and a coalition? Can I apply as both?

A single CBO is one CBO applying on its own. That CBO may engage contractors to perform parts of the work, though the organization's employees must perform the bulk of the work.

A coalition is a group of organizations working together, where each organization has a clearly defined activity assigned to it from the overall program plan. All organizations in the coalition share program responsibilities, but the organization applying for funds must take the lead and perform a substantial portion of the program activities. Coalition members may receive funds from the lead agency.

You can only apply as a single organization *or* as a coalition – not as both.

5. What does substantial portion of work mean?

If you are applying as a coalition, (i.e., a group of CBOs/organizations working together, where each organization has a clearly defined activity assigned to them from the overall program plan), all groups must share program responsibilities. However, the organization that is applying for funds must take the lead and perform a substantial portion of the program

activities. Substantial portion of work means the lead organization must be in charge of program management, operations and delivery, and conduct at least 50% of prevention services.

The lead organization must meet all of the requirements listed above. Groups that are to be a part of the coalition must meet the requirement in the second bullet in this section

6. What is the maximum amount I can be funded for and for how long?

The maximum amount is \$250,000 a year, including indirect costs. Awards will begin September 2000 for a budget period of 12 months. Funding will be renewed each year for a total of four years, i.e., 2000, 2001, 2002, and 2003. Funding at the same level each subsequent year is dependant on the amount of funds available to CDC and your program's success in meeting your goals and objectives.

7. Can we get an extension on when the application is due?

No extensions will be given. Your application is due by August 7, 2000. If your application has a postmark of August 7, 2000 that is from the U.S. Postal Service or a commercial carrier (no private meters will be accepted) and arrives in time to be given to the independent review group, it will be accepted.

Late Applications: Applications that are not received on time, that do not have a readable postmark, have a postmark from a private meter machine, or arrive after the independent review has begun, will be

considered late, will **not** be reviewed, and will be returned to the applicant.

There is a specific time frame set before a program announcement is released. This allows for applicants to have not less than 30 days to prepare their applications. Setting an exact time frame also allows CDC to plan, recruit, and host the application review panels, with reviewers participating from across the United States.

Working with the Health Department

1. What relationship should a CBO have with the health department?

An applicant CBO should have discussed its plans to provide counseling, testing, and referral services with the health department. The CBO should have a letter of support from the health department stating that this discussion has taken place and that the health department is aware of the details of the proposed program. Also, the letter should state that the CBO agrees to follow the health department's guidelines for these services.

2. How do I find out what my state Health Department requires around C&T?

Contact your state health department representative. A list of these representatives can be found at <http://www.cdc.gov/hiv/funding/00100>, or in the application package available from the National Prevention Information Network at 1-800-458-5231.

3. Why are you requiring a letter of support and then a formal MOA?

HIV prevention counseling, testing, and referral are complicated program activities with important legal, medical, and ethical implications. Health departments have been providing these services since the mid 1980s. During these years, they have developed policies, procedures, guidelines, and performance standards for counseling, testing, and referral that are responsive to the specific laws and other issues in their state.

Health departments have a legal responsibility to ensure these policies, procedures, guidelines, and performance standards are followed. If you receive funding under this announcement, you are **required** to work with the health department in your area. By working with the health department, they will be able to provide you with the necessary information to ensure your program is meeting all of these requirements.

The letter of support is to ensure your health department knows you plan to apply so they can provide you with all of the requirements necessary to be able to conduct your proposed activities and gauge the total number of applications coming from their jurisdiction. The letter of support must indicate that you have discussed all the issues outlined in Question 4 with your health department.

The Memorandum of Agreement will only need to be written if you are selected for funding under this program announcement.

4. Do I need to reach agreement with the health department on counseling, testing, and referral protocols, procedures, and guidelines?

To be an eligible applicant, you **must** have a

letter of support from your health department. Once funded, you will be required to have a Memorandum of Agreement with the health department. For these activities to be effective, CBOs and health departments must work collaboratively.

5. What exactly must I have agreement on with the Health Department?

Applicant CBOs must discuss their proposed HIV counseling, testing, and referral program with their health department and agree to follow the health department guidelines, policies and performance standards for these services. At a minimum, the following topics must be discussed with the health department:

- Informed consent
- Anonymous versus confidential testing
- Training of counselors
- Confidentiality
- Surveillance reporting
- Laboratory processing
- Type of testing
- Follow-up for results, especially of those persons who are infected with HIV
- Early intervention services for HIV infected persons
- Data collection and reporting
- Quality assurance of counselors
- Linkages with partner notification
- Synchronization with local laws
- Populations to be targeted
- Standing orders with a physician

The results of these discussions should be incorporated into the proposed program activities. Organizations selected for funding will be required to develop a Memorandum of Agreement (MOA) with their state health department.

6. What's an MOA?

MOA stands for Memorandum of Agreement. An MOA is a mutual agreement by all parties who will be engaged in specific activities to accomplish a goal. The MOA should specify the proposed collaborative activities and who will do what, by when, where, and for whom.

Specific ingredients for an MOA are:

- Description of who is involved
- Goals of the collaborative activities
- What each organization is assigned to do
- How these activities will be done
- How confidentiality will be handled
- Who is responsible for documentation and reports on activities
- How evaluation of activities will be done and by whom
- Length of agreement
- Brief statement of indemnity (not absolutely necessary, but allows for conflict resolution)
- Date of agreement and signatures of all committed to the collaboration

This formal agreement is reviewed, signed, and dated by all parties involved (for example, your organization and the health department) to make sure that protocols, requirements, regulations, state and local laws, responsibilities are adhered to and activities are done based on the agreement for the time period shown in the MOA.

Proposed Activities

1. What activities are funded under this announcement?

- Reaching your clients (finding persons at high risk for HIV or those who are already infected but don't know their status;

encouraging these individuals to use available HIV prevention services, including counseling and testing).

- Counseling and testing
- Referrals and partnerships with other service providers
- Partner counseling and referral services
- Training and quality assurance
- Program monitoring and evaluation

2. What experience should my CBO have to compete well?

Your CBO should have 2 years or more of experience in providing HIV prevention or care services for the population you plan to target. This population should be at high risk for HIV infection, i.e., engages in high risk behaviors. Having counseling and testing experience can help to strengthen your application.

When describing your experience in providing HIV prevention or care services, provide details and a chronology of when services were provided, e.g., 7/98–present.

3. What sort of testing procedures will be funded?

You can consider proposing any approved type of test. New rapid tests offer special advantages. As reported in CDC's *Morbidity and Mortality Weekly Report* (March 27, 1998/47[11];211-215), "the use of the rapid test with same-day results for HIV screening in clinical-care settings can substantially improve the delivery of counseling and testing services....providing preliminary positive results also increases the number of infected persons who ultimately learn their infection status and can be referred for medical treatment and prevention services." These tests can be especially effective in outreach activities.

Various rapid test technologies are currently under study. If you are funded, CDC will provide additional information to you about the new testing technologies that are still under study. You will need to work with your health department to determine what tests are approved in your locale.

4. How should I locate lab services? Will these funds support lab services?

Your health department can provide you with information on lab services. The funds provided under this announcement are to be used, in part, to support lab services.

5. Can I subcontract with the health department, e.g., for training, testing, and laboratory analysis?

Yes. The health department will play an essential role in your counseling, testing, and referral activities. You should meet with them for programmatic advice and information on laws, policies, and guidelines. You may also subcontract with your health department to meet some specific service needs of your proposed program.

6. What involvement do I need from a physician?

For your application, you will need a letter of intent from a physician stating his/her involvement in your proposed HIV testing activities. You need to check with your health department on the exact relationship you will need to have with a physician to conduct testing.

7. Must I include STD testing and treatment in my proposal?

Because rates of both HIV and STD are high, programs that include STD testing and

treatment are better able to meet the needs of the target population(s). If you do not offer STD services, you should refer your clients to a facility in your community for these services.

8. What populations should we be trying to reach? How should we try to reach them?

You should be trying to reach persons of color who are at a high risk of HIV infection due to risk behaviors (e.g., injection drug user or men who have sex with men) or those persons who are already infected with HIV but do not know it. The ethnic/minority populations you should work with include African Americans, Hispanics, and Asian-Pacific Islanders, and Native Americans.

This program is intended to focus on populations that have not accessed counseling and testing services. You may choose to provide services in your facility or make services available in areas where these persons live, work, and gather, e.g., street outreach using mobile vans, testing in housing projects, and/or testing in parks. Services should be provided in a setting that is comfortable and accessible to your clients. Reaching out to promote easy access will help to inform and encourage these persons to use the available HIV prevention services you provide.

9. What should I propose to do when I find someone who is infected with HIV?

When you find someone who is infected with HIV describe the processes you will have in place to: (1) ensure they receive their test results; (2) provide prevention counseling and referrals for that person and their sex and/or needle-sharing partner(s); and (3) ensure that they act on the referral(s) and access needed services.

10. What sort of training will my staff need?

Staff who will provide HIV counseling, testing, partner counseling, and referral services must be appropriately trained to provide each of these services. Part of the funding under this announcement (about 5%) should be used for training, as well as monitoring of the program and quality assurance. These latter two will help to ensure ongoing quality of services and that staff remain adequately trained. Consult with your health department about training courses offered in your area.

11. What guidelines must I follow to implement counseling, testing, and referral (CTR)?

To implement CTR, you must follow the guidelines listed in the body of the program announcement as well as those listed in Attachment 3, "Guidelines." You can also go to www.cdc.gov/hiv/funding/00100, and select "Tools" from the menu on the left side of your screen. State guidelines may vary. You must follow the guidelines outlined by your state.

12. Where can I get more information on how to implement CTR services?

Your health department has been providing these services since the mid 1980s and have developed policies, procedures, guidelines, and performance standards that are responsive to the specific laws and other issues in your state. Health department staff can provide you with the information you need to implement these services.

If you are selected for funding under this announcement, you are required to work with your health department in providing counseling, testing, and referral services. When developing your application you are also required to discuss your proposed plan with them and

include a letter of support from them in your application. Also, be familiar with the guidances issued by CDC on counseling, testing, and referral activities.

CDC will provide information and support for these services and will either provide training or help to ensure you get the training you need to successfully implement these services.

13. What sort of linkages should I have in place to make sure I am making appropriate referrals for additional services?

The populations targeted by this program announcement may have multiple needs. Referrals to address these needs could include, but are not limited to: housing; medical, substance abuse, and mental health services; and legal assistance. You should have in place referrals to organizations which are able to provide these services and which are convenient or at least accessible to your clients. You should have letters of support in your application indicating which organizations you will be referring to and what services these organizations will provide to meet the multiple needs of your clients.

14. Will CDC provide ongoing assistance to ensure CBOs are following health department protocol, procedures, etc.?

Yes, each funded CBO will be assigned a CDC project officer who will provide programmatic advice to the CBO throughout the project period. This will include assuring coordination between the CBO and the health department.

Table 1. Forty High AIDS Prevalence Metropolitan Statistical Areas (MSAs) for 1998*

<i>State</i>	<i>Eligible MSAs/Counties and Cities</i>	<i>Health Department Contact</i>
California	Los Angeles-Long Beach: <i>Los Angeles</i> Oakland: <i>Alameda, Contra Costa</i> Orange County: <i>Orange</i> Riverside-San Bernadino: <i>Riverside, San Bernadino</i> San Francisco: <i>Marin, San Francisco, San Mateo</i> San Diego: <i>San Diego</i>	<i>California:</i> Mary Geary phone: 916-327-3243 e-mail: mgeary@dhs.ca.gov <i>Los Angeles:</i> Charles Henry phone: 213-351-8001 e-mail: chenry@dhs.co.la.ca.us <i>San Francisco:</i> Marise Rodriguez phone: 415-554-9176 e-mail: marise_rodriguez@dph.sf.ca.us
Connecticut	Hartford: <i>Hartford, Middlesex, Tolland</i> New Haven-Bridgeport- Stamford-Danbury- Waterbury: <i>Fairfield, New Haven</i>	Richard Melchreit phone: 860-509-7800 e-mail: richard.melchreit@po.state.ct.us
Florida	Fort Lauderdale: <i>Broward</i> Jacksonville: <i>Clay, Duval, Nassau, St. Johns</i> Miami: <i>Dade</i> Orlando: <i>Lake, Orange, Osceola, Seminole</i> Tampa-St. Petersburg- Clearwater: <i>Hernando, Hillsborough, Pasco, Pinellas</i> West Palm Beach-Boca Raton: <i>Palm Beach</i>	Marlene Lalota phone: 850-245-4423 e-mail: marlene_lalota@doh.state.fl.us
Georgia	Atlanta: <i>Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, Walton</i>	Miguel Miranda phone: 404-657-3100 e-mail: mamiranda@dhr.state.ga.us
Illinois	Chicago: <i>Cook, DeKalb, DuPage, Grundy, Kane, Kendall, Lake, McHenry, Will</i>	<i>Illinois:</i> Sharon Pierce phone: 217-524-5983 e-mail: spierce@idph.state.il.us <i>Chicago:</i> Janice Johnson phone: 312-747-0120 e-mail: john248w@aol.com
Louisiana	New Orleans: <i>Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles, St. James, St. John the Baptist, St. Tammany</i>	Daphne LeSage phone: 504-568-7474 e-mail: dlesage@dhhmail.dhhstate.la.us
Maryland	Baltimore: <i>Anne Arundel, Baltimore, Carroll, Harford, Howard, Queen Anne's, Baltimore City</i>	Gary Wunderlich phone: 410-767-5287 e-mail: wunderlichg@dhhm.state.md.us

State	Eligible MSAs/Counties and Cities	Health Department Contact
Massachusetts / New Hampshire	Boston-Worcester- Lawrence-Lowell- Brockton: <i>Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk, Worcester, MA; Hillsborough, Rockingham, Strafford, NH</i>	<i>Massachusetts:</i> Jean McGuire phone: 617-624-5303 e-mail: jean.mcguire@state.ma.us <i>New Hampshire:</i> David Ayotte phone: 603-271-4481 e-mail: dayotte@dhhs.state.nh.us
Michigan	Detroit: <i>Lapeer, Macomb, Monroe, Oakland, St. Clair, Wayne</i>	Loretta Davis-Satterla phone: 517-335-9673 e-mail: davis-satterla@state.mi.us
Missouri/ Illinois	St. Louis: <i>Franklin, Jefferson, Lincoln, St. Charles, St. Louis, Warren, St. Louis City, MO; Clinton, Jersey, Madison, Monroe, St. Clair, IL</i>	<i>St. Louis:</i> Mary Menges phone: 573-751-6141 e-mail: mengem@mail.health.state.mo.us <i>Illinois:</i> Sharon Pierce phone: 217-524-5983 e-mail: spierce@idph.state.il.us
New York	Nassau-Suffolk: <i>Nassau, Suffolk</i> New York City: <i>Bronx, Kings, New York, Putnam, Queens, Richmond, Rockland, Westchester</i> Rochester: <i>Genesee, Livingston, Monroe, Ontario, Orleans, Wayne</i>	Maria Favuzzi phone: 212-788-4224 e-mail: mfavuzzi@dohlan.cn.ci.nyc.ny.us
New Jersey/ Pennsylvania	Bergen-Passaic: <i>Bergen, Passaic</i> Middlesex-Somerset- Hunterdon: <i>Hunterdon, Middlesex, Somerset</i> Jersey City: <i>Hudson</i> Newark: <i>Essex, Morris, Sussex, Union, Warren</i> Philadelphia: <i>Burlington, Camden, Gloucester, Salem, NJ; Bucks, Chester, Delaware, Montgomery, Philadelphia, PA</i>	<i>New Jersey:</i> Laurence E. Ganges phone: 609-984-6125 e-mail: lganges@doh.state.nj.us <i>Philadelphia:</i> Jeffrey Jenne phone: 212-685-5639 e-mail: jeffrey.jenne@phila.gov
Ohio	Cleveland-Lorain-Elyria: <i>Ashtabula, Cuyahoga, Geauga, Lake, Lorain, Medina</i>	Lee Evans phone: 614-644-1850 e-mail: levans@gw.odh.state.oh.us
Puerto Rico	San Juan: <i>Aguas Buenas, Barceloneta, Bayamon, Canovanas, Carolina, Catano, Ceiba, Comerio, Corozal, Dorado, Fajardo, Florida, Guaynabo, Humacao, Juncos, Las Piedras, Loiza, Luquillo, Manati, Morovis, Naguabo, Naranjito, Rio Grande, San Juan, Toa Alta, Toa Baja, Trujillo Alto, Vega Alta, Vega Baja, Yabucoa</i>	Orlando Lopez phone: 787-274-5502 e-mail: olopez@salud.gov.pr

State	Eligible MSAs/Counties and Cities	Health Department Contact
South Carolina	Columbia: <i>Lexington, Richland</i>	Lynda Kettinger phone: 803-898-0625 e-mail: kettinld@columb60.dhec.state.sc.us
Tennessee/ Arkansas/ Mississippi	Memphis: <i>Fayette, Shelby, Tipton, TN; Crittenden, AR; DeSoto, MS</i>	Tennessee: Richard E. Cochran phone: 615-741-7764 e-mail: rcochran@mail.state.tn.us Arkansas: John Chmielewski phone: 501-661-2666 email: jchmielewski@mail.doh.state.ar.us Mississippi: Craig Thomson phone: 601-576-7711 e-mail: Craig.Thompson@msdh.state.ms.us
Texas	Austin: <i>Bastrop, Caldwell, Hays, Travis, Williamson</i> Dallas: <i>Collin, Dallas, Denton, Ellis, Henderson, Hunt, Kaufman, Rockwall</i> Houston: <i>Chambers, Fort Bend, Harris, Liberty, Montgomery, Waller</i> San Antonio: <i>Bexar, Comal, Guadalupe, Wilson</i>	Texas: Casey Blass or Janna Zumbrun phone: 512-490-2515 e-mail: casey.blass@tdh.state.tx.us janna.zumbrun@tdh.state.tx.us Houston: Lupita Thornton phone: 713-798-0829 e-mail: lthornton@hlt.ci.houston.tx.us
Washington, D.C./ Maryland/ Virginia/ West Virginia	Washington, D.C.: <i>District of Columbia; Calvert Charles, Frederick, Montgomery, Prince George's, MD; Arlington, Clarke, Culpeper, Fairfax, Fauquier, King George, Loudon, Prince William, Spotsylvania, Stafford, Warren, and the cities of Alexandria, Fairfax, Falls Church, Fredericksburg, Manassas, and Manassas Park, VA; Berkeley, Jefferson, WV.</i> Norfolk-Virginia Beach- Newport News: <i>Currituck, NC; Gloucester, Isle of Wight, James city, Mathews, York, and the cities of Chesapeake, Hampton, Newport News, Norfolk, Poquoson, Portsmouth, Suffolk, Virginia Beach, and Williamsburg, VA.</i> Richmond-Petersburg: <i>Charles city, Chesterfield, Dinwiddie, Goochland, Hagover, Henrico, New Kent, Powhatan, Prince George, and the cities of Colonial Heights, Hopewell, Petersburg, and Richmond, VA.</i>	District of Columbia: Donald Jones phone: 202-727-2500 e-mail: laquank@aol.com Virginia: Teresa Henry phone: 804-371-4119 e-mail: thenry@vdh.state.va.us West Virginia: Loretta Haddy phone: 304-558-5358 e-mail: lorettahaddy@wvdhhr.org Maryland: Gary Wunderlich phone: 410-767-5287 e-mail: wunderlich@dhh.state.md.us

Table 2. Counties and Cities with the most syphilis cases in 1999 (Only those counties and cities not listed above are included in this list.)

<i>State</i>	<i>Eligible County</i>	<i>Health Department Contact</i>
Arizona	Maricopa	Ann Gardner or Lee Connelly phone: 602-230-5819 e-mail: agardne@hs.state.az.us or lconnel@hs.state.az.us
Indiana	Marion	Michael Butler phone: 317-233-7867 e-mail: mbutler@isdh.state.in.us
Kentucky	Jefferson	Gary Kupchinsky phone: 502-564-6539 e-mail: gary.kupchinsky@mail.state.ky
Mississippi	Hinds	Craig Thompson phone: 601-576-7711 e-mail: craig.thompson@msdh.state.ms.us
North Carolina	Guilford, Mecklenburg	<i>Guilford:</i> Harold Gabel phone: 336-373-3283 e-mail: hgabel@mail.co.guilford.nc.us <i>Mecklenburg:</i> Peter Safer phone: 704-336-4700 e-mail: safir@mindspring.com
Oklahoma	Oklahoma City	Bill Pierson phone: 405-271-4636 e-mail: billp@health.state.ok.us
Virginia	Danville	Teresa Henry phone: 804-371-4119 e-mail: thenry@vdh.state.va.us
Washington	King	Karen Hartfield phone: 206-296-4649 e-mail: karen.hartfield@metrokc.gov
Wisconsin	Milwaukee	Kathleen Krchnavek phone: 608-267-3583 e-mail: krchnka@dhfs.state.wi.us